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TRANSMITTAL FORM (To be used for all correspondence after initial filing)	Application Number	
	Filing Date	
	Confirmation Number	
	Inventor(s)	
	Group Art Unit	
Express Mail Label No.: EL 766592271 US	Examiner	
Total Number of Pages in This Submission: 13	Attorney Docket No.	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTO-85(b) + (c) and Cover Sheet
<input type="checkbox"/> Fee Attached \$ <input type="text"/>	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: <input type="text"/>	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing - related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input type="checkbox"/> Certificate of Mailing by Express Mail	
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<input type="checkbox"/> Drawing(s): Number of Pages	<input checked="" type="checkbox"/> Other Enclosure(s): <u>Change of Address Notices</u>	
Number of Figs. <input type="text"/> and cover sheet		
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

Current Due Date: None

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Michael W. Haas</i>
Date	May 6, 2002

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